

**BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY**  
**3700 N CLASSEN BLVD, STE 248**  
**OKLAHOMA CITY, OK 73118**

**CHANGE OF SUPERVISION FOR SPEECH-LANGUAGE PATHOLOGY ASSISTANT**

NAME: \_\_\_\_\_ SLPA#: \_\_\_\_\_  
FIRST MIDDLE INT. LAST

HOME ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

HOME PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

PLEASE CHECK ONE OF THE FOLLOWING:

ADDITIONAL SUPERVISOR ☐ OR REPLACING CURRENT SUPERVISOR ☐

IF REPLACING, NAME OF SUPERVISOR REPLACING: \_\_\_\_\_

NAME OF NEW SUPERVISOR: \_\_\_\_\_ LICENSE #: \_\_\_\_\_  
PLEASE CHECK ONE OF THE FOLLOWING:

SUPERVISOR HAS MAILED CERTIFICATES FOR 6 HOURS OF TRAINING ☐

ATTACHED IS SUPERVISOR'S CERTIFICATES FOR 6 HOURS OF TRAINING ☐

NAME OF EMPLOYER: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

WORK PHONE #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PROPOSED STARTING DATE: \_\_\_\_\_ HOURS WORK PER WEEK: \_\_\_\_\_

**I HAVE READ AND WILL FULFILL THE DUTIES AND RESPONSIBILITIES AS ASSIGNED  
BY THE SUPERVISING SPEECH-LANGUAGE PATHOLOGIST PER THE ALLOWABLE  
ACTIVITIES FOR SPEECH-LANGUAGE PATHOLOGY ASSISTANTS. 690:10-7-10(a)(b)**

\_\_\_\_\_  
SUPERVISORS SIGNATURE

\_\_\_\_\_  
ASSISTANT SIGNATURE

**LETTER OF AGREEMENT FOR THE SUPERVISED PRACTICE  
OF SPEECH-LANGUAGE PATHOLOGY ASSISTANT**

This is to be completed by the licensed speech-language pathologist.

I, \_\_\_\_\_ do hereby consent to supervise,  
\_\_\_\_\_ during licensure as an assistant. I acknowledge  
that I have read and that I do understand the laws and Rules of the Board  
pertaining to the use of supervised assistants. I agree to conduct the supervision of  
the above-named applicant according to the laws, rules, and ethics applicable to  
practice as an assistant. I assert that in making this agreement, I take full legal and  
ethical responsibility for this applicant's assistant activities and services as  
provided in the Rules of the Board. I agree to notify the Board when I am no  
longer supervising the aforementioned assistant licensee.

\_\_\_\_\_  
Signature of Licensed Supervisor

\_\_\_\_\_  
Date Signed

**LETTER OF AGREEMENT FOR THE SUPERVISED PRACTICE  
OF SPEECH-LANGUAGE PATHOLOGY ASSISTANT**

This is to be completed by the assistant.

I, \_\_\_\_\_ apply to the Oklahoma State Board of  
Examiners for Speech-Language Pathology and Audiology for approval to work  
under the supervision of \_\_\_\_\_.

I acknowledge that I have read and do understand the Board Statutes and Rules,  
specifically those provisions pertaining to the supervised practice under the  
direction of a licensed speech-language pathologist. I agree to conduct myself  
according to the laws, rules, and ethics applicable to such work. I further assert that  
I understand that approval granted by the Board is for supervised assistant  
activities and services only, and that any representation to the public that I am an  
independent practitioner will lead to automatic revocation of licensure.

\_\_\_\_\_  
Signature of Assistant

\_\_\_\_\_  
Date Signed